

**Title 20 - Department of Insurance,
Financial Institutions and
Professional Registration
Division 400 - Life, Annuities and Health
Chapter 11 – Navigators**

PROPOSED RULE

20 CSR 400-11.140 Renewal Applications and Fees—Individual Navigators and Entity Navigators

***PURPOSE:** This rule prescribes the license renewal application process and fees for individual navigators and entity navigators. All forms referenced in this regulation may be accessed at the department's website at www.insurance.mo.gov.*

(1) Renewal Application and Fees. Application for renewal of a navigator license shall include the following, as applicable:

(A) Individual Navigator.

1. A completed renewal application form, which is included herein as Exhibit 1 of this rule, or any form which substantially comports with the specified form;
2. Twenty-five dollar (\$25) application fee. If the renewal application is not received before the license expires, a late fee of ten dollars (\$10) must be added to the application fee; and
3. A completed Navigator Continuing Education Certification Summary form referenced in 20 CSR 400-11.120(1)(C); or

(B) Entity Navigator

1. A completed renewal application form, which is included herein as Exhibit 2 of this rule, or any form which substantially comports with the specified form;
2. Fifty dollar (\$50) application fee. If the renewal application is not received before the license expires, a late fee of fifteen dollars (\$15) must be added to the application fee; and
3. List of all Missouri-licensed navigators conducting business on behalf of the entity.

***AUTHORITY:** sections 374.045, 376.2006, and 376.2014, RSMo Supp. 2013. Emergency rule filed July 15, 2015, effective July 25, 2015, expires Feb. 25, 2016. Original rule filed July 15, 2015.*

***PUBLIC COST:** This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

***PRIVATE COST:** This proposed rule will cost private entities an estimated twenty-four thousand, seven hundred and fifty dollars (\$24,750) in the aggregate.*

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: *Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Insurance, Financial Institutions and Professional Registration, Attention: Amy V. Hoyt, PO Box 690, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing is scheduled for 11:00 a.m. on September 18, 2015, at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri.*

SPECIAL NEEDS: *If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-2619 at least five (5) working days prior to the hearing.*



MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS
AND PROFESSIONAL REGISTRATION
LICENSING SECTION
APPLICATION FOR NAVIGATOR LICENSE RENEWAL

EXHIBIT 1

P.O. BOX 690 OR
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MISSOURI 65102
THIS FORM MAY BE DUPLICATED

PLEASE PRINT OR TYPE

1. SOCIAL SECURITY NUMBER			2. DATE OF BIRTH					
3. LAST NAME		JR / SR ETC		4. FIRST NAME		5. MIDDLE NAME		
6. RESIDENCE HOME ADDRESS (PHYSICAL STREET)			7. P.O. BOX	8. CITY		9. STATE	10. ZIP CODE	11. COUNTRY
12. HOME TELEPHONE NUMBER			13. MOBILE TELEPHONE NUMBER			14. PERSONAL EMAIL ADDRESS		
15. GENDER (CHECK ONE) <input type="checkbox"/> Male <input type="checkbox"/> Female		16. ARE YOU A CITIZEN OF THE UNITED STATES? (CHECK ONE) (IF NO, PLEASE ATTACH DOCUMENTATION THAT PROVES YOUR ELIGIBILITY TO WORK IN THE UNITED STATES) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, of which country are you a citizen?						
17. BUSINESS ENTITY NAME								
18. BUSINESS ENTITY ADDRESS (PHYSICAL STREET)			19. P.O. BOX	20. CITY		21. STATE	22. ZIP CODE	23. COUNTRY
24. BUSINESS TELEPHONE NUMBER (INCLUDE EXT)			25. BUSINESS FAX NUMBER		26. BUSINESS E-MAIL ADDRESS		27. BUSINESS WEBSITE ADDRESS	
28. APPLICANT'S MAILING ADDRESS		29. P.O. BOX	30. CITY			31. STATE	32. ZIP CODE	33. COUNTRY
34. LIST ALL OTHER ASSUMED, FICTITIOUS, ALIAS, MAIDEN OR TRADE NAMES YOU HAVE USED IN THE PAST								

BACKGROUND INFORMATION

35. The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, received a suspended imposition of sentence ("SIS") or suspended execution of sentence ("SES"), or are you currently charged with committing a crime, which has not been previously reported to this insurance department? ☐ YES ☐ NO

"Crime" includes a misdemeanor, felony, or a military offense. You may exclude any of the following if they are/were misdemeanor traffic citations or misdemeanors: driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude misdemeanor juvenile convictions.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having entered an Alford Plea, or having been given probation, a suspended sentence, or a fine.

"Had a judgment withheld or deferred" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence – sometimes called an "SIS" or "SES").

Unless excluded by the language above, you must disclose convictions that have been expunged.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration, which has not been previously reported to this insurance department? ☐ YES ☐ NO

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You must INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.

BACKGROUND INFORMATION

3. Have you failed to pay state or federal income tax, which has not been previously reported to this insurance department? ☐ YES ☐ NO

Have you failed to comply with an administrative or court order directing payment of state or federal income tax, which has not been previously reported to this insurance department? ☐ YES ☐ NO

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each administrative or court order;
- b) copies of all relevant documents (i.e. demand letter from the Department of Revenue or Internal Revenue Service, etc.);
- c) a certified copy of each administrative or court order, judgment, and/or lien; and
- d) a certified copy of the official document which demonstrates the resolution of the tax delinquency (i.e. tax compliance letter, etc.).

4. Are you currently a party to, or ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty, which has not been previously reported to this insurance department? ☐ YES ☐ NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and
- c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.

5. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct, which has not been previously reported to this insurance department? ☐ YES ☐ NO

Has any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct, which has not been previously reported to this insurance department? ☐ YES ☐ NO

Have you or any business in which you are or were a member or manager of a Limited Liability Company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct, which has not been previously reported to this insurance department? ☐ YES ☐ NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a navigator license, and
- b) copies of all relevant documents.

6. Do you currently have or have you had a child support obligation, which has not been previously reported to this insurance department? ☐ YES ☐ NO

If you answer yes:

a) are you in arrearage? ☐ YES ☐ NO

b) by how many months are you in arrearage? _____ months

c) what is the total amount of your arrearage? _____

d) are you currently subject to a repayment agreement to cure the arrearage? ☐ YES ☐ NO

e) are you in compliance with said repayment agreement? ☐ YES ☐ NO

f) are you the subject of a child support related subpoena/warrant? (If you answer yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.) ☐ YES ☐ NO

g) have you ever been convicted of a misdemeanor or felony for failure to pay child support? ☐ YES ☐ NO

EMPLOYMENT HISTORY

36. Account for all time for the past five years. List all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

			FROM		TO		POSITION HELD
			MONTH	YEAR	MONTH	YEAR	
NAME							
CITY	STATE	COUNTRY					
NAME							
CITY	STATE	COUNTRY					
NAME							
CITY	STATE	COUNTRY					
NAME							
CITY	STATE	COUNTRY					

APPLICANT'S CERTIFICATION AND ATTESTATION

37. The Applicant must read the following very carefully:

1. I hereby certify, under penalty of perjury, that all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government agency, current or former employer, or insurance company.
3. I further certify under penalty of perjury, that a) I have no outstanding state or federal income tax obligations, or b) I have an outstanding state or federal income tax obligation and I have provided all information and documentation requested in Background Information Question 35.3.
4. I further certify, under penalty of perjury, that a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the Director to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other governmental organization. I further release the Director and all persons acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.

ORIGINAL APPLICANT SIGNATURE

FULL LEGAL NAME (PRINTED OR TYPED)

DATE (MONTH/DAY/YEAR)

INSTRUCTIONS

1. All applicants must submit a \$25 application fee in the form of a check or money order, made payable to DIFP - Insurance.
2. Attach Navigator Continuing Education Certification Summary (MO 375-0894) to show compliance with section 376.2006, RSMo and 20 CSR 400-11.120.
3. Mail completed application to: MO DIFP -- Insurance
P.O. Box 4001
Jefferson City, MO 65102-4001

EXHIBIT 2



MISSOURI DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
LICENSING SECTION
APPLICATION FOR NAVIGATOR ENTITY LICENSE RENEWAL

P.O. BOX 690 OR
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MISSOURI 65102
THIS FORM MAY BE DUPLICATED

PLEASE PRINT OR TYPE			
1. NAVIGATOR ENTITY NAME		2. INCORPORATION/FORMATION DATE (MONTH/DAY/YEAR)	
		3. FEIN	
4. LIST ALL NAMES UNDER WHICH YOU ARE DOING BUSINESS		5. STATE OF DOMICILE	
		6. COUNTRY OF DOMICILE	
7. CONTACT NAME			
8. BUSINESS ADDRESS		9. CITY	
		10. STATE	
		11. ZIP OR FOREIGN COUNTRY	
12. TELEPHONE NUMBER		13. FAX NUMBER	
		14. BUSINESS WEBSITE ADDRESS	
		15. BUSINESS EMAIL ADDRESS	
16. MAILING ADDRESS		17. P.O. BOX	
		18. CITY	
		19. STATE	
		20. ZIP OR FOREIGN COUNTRY	

BACKGROUND INFORMATION

21. Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the navigator entity or any owner, partner, officer or director ever been convicted of, or is the navigator entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld, which has not been previously reported to this insurance department?

☐ YES ☐ NO

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

"Whether or not adjudication was withheld" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence--sometimes called an "SIS" or "SES").

Unless excluded by the language above, you must disclose convictions that have been expunged.

If you answer yes, you must attach to this application:

- a written statement explaining the circumstances of each incident,
- a copy of the charging document, and
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the navigator entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license, which has not been previously reported to this insurance department?

☐ YES ☐ NO

"Involved" means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a written statement identifying the type of license and explaining the circumstances of each incident,
- a copy of the Notice of Hearing or other document that states the charges and allegations, and
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has the navigator entity or any owner, partner, officer or director ever been notified of any delinquent income tax obligation, which has not been previously reported to this insurance department?

☐ YES ☐ NO

If you answer yes, identify the jurisdiction(s): _____

4. Is the navigator entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty, which has not been previously reported to this insurance department?

☐ YES ☐ NO

If you answer yes, you must attach to this application:

- a written statement summarizing the details of each incident,
- a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

APPLICANT'S CERTIFICATION AND ATTESTATION

22. The undersigned owner, partner, officer or director of the navigator entity hereby certifies, under penalties of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me and the navigator entity to civil or criminal penalties.
2. The navigator entity grants permission to the Department to verify any information supplied herein with any federal, state or local government agency.
3. I authorize the Director to give any information concerning the navigator entity or any owner, partner, officer or director, to any federal, state or municipal agency, or any other organization and I release the Director and any person acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.
4. I acknowledge that I am familiar with the navigator laws and regulations of Missouri.
5. If required, I have received a Certificate of Good Standing from Missouri's Secretary of State.

SIGNATURE

TYPED OR PRINTED NAME

TITLE

SOCIAL SECURITY NUMBER

ADDRESS (CITY STATE ZIP CODE)

NOTARY

NOTARY PUBLIC EMBOSSEY OR
BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

INSTRUCTIONS

Application for Initial licensure for a navigator entity shall include the following, as applicable:

1. A completed Application for Navigator Entity License Renewal.
2. \$50 fee in the form of a check or money order, made payable to DIFP - Insurance.
3. Attach a list of all individual navigators that are employed by or in any manner affiliated with the navigator entity. (Changes to this list shall be reported to the department within twenty days of the change.)
4. Mail completed application packet to: MO DIFP - Insurance
PO Box 4001
Jefferson City MO 65102-4001

FISCAL NOTE PRIVATE COST

**I. Department of Insurance, Financial Institutions and Professional Registration
Division 400 – Life, Annuities and Health
Chapter 11 - Navigators**

Rule Number and Title:	20 CSR 400-11.140 Renewal Applications and Fees – Individual Navigators and Entity Navigators
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
800 Navigator Individuals	Individuals seeking license renewal under state law as navigators	\$20,000
95 Navigator Entities	Entities who act as navigators, supervise the activities of individual navigators, or receive funding to perform navigator duties, seeking license renewal as navigator entities	\$4,750

III. WORKSHEET

LICENSING FEES	Units	Application Fee	Total
Navigator Entity	95	\$50.00	\$4,750
Navigator Individual	800	\$25.00	\$20,000
TOTAL FEES			\$24,750
TOTAL			\$24,750

IV. ASSUMPTIONS

The proposed rule outlines requirements for the renewal of navigator licenses in Missouri. In the proposed rule, the Department establishes fees of \$25 for a two-year individual navigator license, and \$50 for a two-year navigator entity license. The Department also establishes late fees as required by statute. The Department estimates that approximately 800 individuals will apply for license renewal as navigators, and 95 entities will seek license renewal as navigator entities. These estimates are based on current numbers of licensed individual navigators and navigator entities in Missouri. The Department cannot estimate the number of renewal applications that may arrive late.